Form O: Consolidated Local Service Plan

The Consolidated Local Service Plan (CLSP) documents how each local mental health authority (LMHA) and local behavioral health authority (LBHA) assesses community needs, plans and coordinates its service delivery systems, and addresses local behavioral health priorities. The CLSP should describe how the authority uses stakeholder input, available data, partnerships and resources to develop and strengthen the local continuum of care.

Instructions

LMHAs and LBHAs must complete the HHSC-provided CLSP template in its entirety and provide clear, complete responses to all applicable sections.

The CLSP must be completed and submitted by the due date specified in Information Item S (Excel). Submissions should be uploaded online to the HHSC Grants Management System through iamonline.hhs.state.tx.us, with a courtesy copy (cc) to the contract manager.

This CLSP has been developed in accordance with Texas Health and Safety Code requirements and applicable HHSC performance contract provisions.

For submission to the Texas Health and Human Services Commission (HHSC)

Submission Identification Block	
LMHA or LBHA Name:	Texoma Community Center
Reporting Period (Fiscal Year):	FY 27
Submission Date:	12/31/2026
Executive Director Information	
Executive Director Name:	Sylvia Cave
Executive Director Signature:	
Date of Signature:	
Authorized Signatory (If Different From the Executive Director)	
Authorized Signatory Name:	
Title:	
Consolidated Local Service Plan (CLSP) Contact Information	
Contact Person for CLSP Inquiries:	Lori Marshall
Contact Phone Number:	903-957-4874
Contact Email Address:	lmarshall@texomacc.org

Section 1: Introduction and Certification

1.1 Organizational Overview

Provide a brief narrative description of the local service area using the fields below.

Total Service Area Population (Approximate): 197,339	**Number of Counties in Service Area: 3**
Primary Languages Spoken in the Service Area: English, Spanish	

Local Service Area Description

Provide a brief description of the geography and demographics.

Texoma Community Center (TCC) is the Local Mental Health Authority for Cooke, Fannin and Grayson Counties, with offices in all three counties and its main office in Sherman.

The service area sits in North Texas along the Oklahoma border, north of the Dallas–Fort Worth metroplex. Grayson County lies in the center and east, Cooke County to its west, and Fannin County to its east. The Red River forms the northern boundary with Oklahoma, and Lake Texoma, on the Red River in Grayson County, gives the region its "Texoma" name.

1.2 Certification of Compliance

Provide your name and signature to acknowledge the following statement.

"I certify that this Consolidated Local Service Plan was developed in collaboration with local stakeholders, is designed to meet the needs of the community, and identifies the best and most cost-effective means of using federal, state and local resources to meet the needs of clients served through developing the local continuum of care. The information contained herein is accurate and complete to the best of my knowledge."

Signature		Date	
Printed Name	Lori Marshall	**Title**	Director of Quality Management

Section 2: Stakeholder Engagement

2.1 Stakeholder Engagement Process

Texas Administrative Code requires LMHAs or LBHAs to solicit input from a broad range of community stakeholders in the local service area. Document the process used to engage stakeholders in developing this CLSP.

Stakeholder Engagement Process and Methods

Provide a description of the process and methods used to engage with your stakeholders here.

Texoma Community Center (TCC) completes a comprehensive Community Needs Assessment (CNA) at least once every four years in accordance with CCBHC requirements and internal policy A501. The CNA is a structured, multi-source process used to identify behavioral health needs, service gaps, and system barriers across Grayson, Fannin, and Cooke Counties.
Community input is systematically gathered through client, family, staff, and community partner surveys; advisory committee input (including PNAC); Sequential Intercept Model (SIM) collaboration; and engagement with law enforcement, courts, schools, healthcare providers, and other stakeholders. Findings are reviewed through executive leadership and planning structures prior to finalization and integration into organizational planning.

Complete the table below with a list of your stakeholder engagement activities.

Date Range of Stakeholder Engagement Activities	Number of Stakeholder Meetings and Events Held	Number of Unduplicated Stakeholder Participants
From: 9/1/2024 **To: 8/31/2026**	20	150

2.2 Stakeholder Participation Log

Identify all stakeholder groups engaged during the CLSP development process. Check all that apply and provide contact or organizational details.

Stakeholder Category	Participated	Organization Name(s) and Representative(s)
Clients, Family Members and Legally Authorized Representatives	X☐ Yes ☐ No	Individuals served, their families, guardians and advocates
Advocacy Organizations	X☐ Yes ☐ No	NAMI – N Texas 214-341-7133
Behavioral Health Service Providers	X☐ Yes ☐ No	State Hospital Staff Terrell SH 972-563-6452; NTSH 940-692-1220 Texoma Medical Center – BHC – 903-416-3000; Carrus Behavioral Health 903-870-1222;;
Emergency Health Care Providers	X☐ Yes ☐ No	Texoma Medical Center – BHC – 903-416-3000; Carrus Behavioral Health 903-870-1222; Red River Hospital 844-572-1644; Perimeter Hospital – 972-370-5517

Stakeholder Category	Participated	Organization Name(s) and Representative(s)
Local Health Departments	X☐ Yes ☐ No	Grayson County 903-893-0131, Cooke County – 940-668-5440, Fannin County 903-819-0211 Health Depts
Federally Qualified Health Centers (FQHCs)	☐ Yes X☐ No	
Law Enforcement Agencies	X☐ Yes ☐ No	Sherman PD Chief Jason Jeffcoat, 903-892-7290; Denison PD Chief Gudgel, 903-465-2422; Gainesville PD Chief Kevin Phillips, 940-668-7777; Bonham PD Chief Andrew Hawkes 903-583-2141; Grayson Co Sheriff 903-813-4408; Cooke Co Sheriff 940-665-3471; Fannin Co Sheriff 903-583-2143
Juvenile Detention Centers	X☐ Yes ☐ No	Grayson County – 903-786-6326 – serves all 3 counties

Stakeholder Category	Participated	Organization Name(s) and Representative(s)
County Jails	X☐ Yes ☐ No	Grayson County 903-813-4408; Cooke County 940-668-5463; Fannin County 903-640-4171
Probation and Parole Departments	X☐ Yes ☐ No	Grayson Adult Probation 903-813-4207; Grayson Juvenile Probation 903-786-6326; Cooke Adult Probation 940-668-5540; Cooke Juvenile Probation 940-668-5534; Fannin Adult Probation 903-583-7446; Fannin Juvenile Probation 903-583-7446; Grayson County District Parole 903-868-2616; Greenville District Parole 903-455-6757

Stakeholder Category	Participated	Organization Name(s) and Representative(s)
Courts and Associated Personnel	X☐ Yes ☐ No	Grayson Co. Judge Bruce Dawsey - 903-813-4200; Cooke Co. Judge John Roane 940-668-5435; Fannin Co. Judge Newt Cunningham 903-583-7455
Local Public Housing Authorities	X☐ Yes ☐ No	Housing authority of Grayson Co – 903-892-8717; Gainesville Housing authority – 940-665-1747; Bonham Housing Authority 903-583-3336
Nonprofit Homeless Service Providers	X☐ Yes ☐ No	Salvation Army 903-893-2996; Texoma Family Shelter 903-564-6041; Grayson Crisis Center 903-893-5615
Nonprofit and For-Profit Housing Providers	☐ Yes X☐ No	
Recovery Homes	X☐ Yes ☐ No	Sherman Men's Oxford House 903-771-0847; Women's Oxford House 903-771-0847

Stakeholder Category	Participated	Organization Name(s) and Representative(s)
Social Service Providers	X☐ Yes ☐ No	Grand Central Station 903-957-0264; Lakeway Resale Barn 903-786-2402; UniteUs Referral system
Business Leaders	☐ Yes ☐ No	
Government Representatives	☐ Yes ☐ No	
Concerned Citizens and General Public	X☐ Yes ☐ No	
Other (Specify):	☐ Yes ☐ No	

2.3 Stakeholder Input Summary

Identify stakeholder feedback to determine the primary needs and focus for the community.

Key Themes and Priorities Identified

Provide a summary of the input received from stakeholders during the development process.

Stakeholder's Influence

Describe how stakeholder input influenced the development of the CLSP.

The CLSP was developed using information gained from the Community Needs Assessment completed every four years. The CNA is distributed to stakeholders

from various walks of life. The needs identified are kept at the forefront of strategy meetings, applying for funding, and service planning.

Were Any Stakeholder Concerns *Not* Incorporated Into the CLSP?

☐ Yes X☐ No

If yes, explain:

Section 3: Community Needs Assessment

3.1 Local Population and Service Needs

Describe the behavioral health needs of the local community based on available data and stakeholder input.

Primary Behavioral Health Needs

Describe the identified primary behavioral health needs in the community.

The CNA identifies significant behavioral health service needs across the region, including increased demand for community-based mental health services, crisis response services, medication management, counseling, case management, psychiatric services, substance use disorder services, and supportive care coordination. Survey responses and utilization trends also identified the need to reduce wait times, expand service capacity, improve transportation access, and enhance coordination of care across the service area.
The assessment further identified several barriers impacting access to treatment and continuity of care, including transportation limitations, long wait times for services, workforce shortages, affordability concerns, homelessness and housing instability, and limited local resources in rural communities. These findings reflect increasing behavioral health service utilization and growing demand for accessible, timely, and comprehensive behavioral health services across Grayson, Fannin, and Cooke Counties.

Key Data Sources Used to Identify Needs

Provide the key data sources used to identify needs (such as local data, HHSC data or community surveys).

TCC utilizes findings from the Community Needs Assessment, Sequential Intercept Model (SIM) mapping activities, stakeholder collaboration, and ongoing community feedback to inform service delivery structure, accessibility strategies, program development, and funding priorities. Identified needs related to crisis response, transportation barriers, rural access limitations, veteran services, youth and family needs, housing instability, and basic needs support directly influence how and where services are delivered.

Gaps in the Current Local Service Delivery System

Describe service gaps for the community identified through the development of the CLSP.

The CNA identified geographic isolation and rural infrastructure as significant barriers affecting access to behavioral health services throughout the TCC service area. Survey responses and regional demographic data consistently identified transportation limitations, long travel distances, and limited public transit as barriers to timely access to care, particularly within the rural counties served by TCC. Additionally, community respondents identified increased access to basic needs resources such as food, shelter, and affordable housing, as well as expanded community-based mental health services, crisis services, medication management, counseling, and other supportive services, among the highest priority needs within the region.
These findings directly inform TCC's service delivery model and support the continued development of community-based approaches, including mobile crisis outreach, co-responder initiatives, and other strategies designed to reduce access barriers and improve timely service availability

Economic barriers, including income limitations, lack of insurance coverage, and poverty, are prevalent across the service area. A large proportion of individuals served are low-income or rely on Medicaid/Medicare or are uninsured.
The CNA also identifies broader social determinants of health impacting service access and outcomes, including housing instability, food insecurity, unemployment, and limited access to resources.

The CNA identifies workforce shortages in the area as a critical barrier to service delivery. Texoma Community Center is in a designated workforce shortage area and expanded workforce was identified at priority number five of the CNA, in alignment with priority number two of increasing community-based mental health services, crisis services, medication management, counseling, and other supportive services. These findings directly inform TCC's staffing plan, and recruitment priorities, with workforce expansion aligned to identified service demand and access gaps. The primary barrier to addressing these identified needs is funding limitations.

Special Populations With Identified Needs

Use the table below to identify all special populations whose needs were identified through the CLSP development process. Check all that apply.

X☐ Adults with Serious Mental Illness (SMI)	X☐ Children and Adolescents with Serious Emotional Disturbance (SED)
X☐ Individuals Experiencing Homelessness	X☐ Individuals Involved in the Criminal Justice System
X☐ Veterans	X☐ Elderly and Older Adults
X☐ Individuals with Co-Occurring Substance Use Disorders	X☐ Individuals with Intellectual or Developmental Disabilities (IDD)
X☐ Individuals in Rural or Underserved Areas	☐ Other: _____

Special Population Response

Describe how the LMHA will respond to the identified special populations' needs.

TCC utilizes flexible, community-based service models designed to meet individuals where they are both clinically and geographically. Examples include the Co-Responder Team (CRT) responding directly in the community alongside law enforcement, Children and Adolescent Services providing services within schools and community settings, and Adult Mental Health staff providing services in community locations and transporting individuals to appointments when needed. Staff may also meet individuals experiencing homelessness in safe community locations when transportation barriers exist.

Section 4: Local Service Delivery System

4.1 Array of Local Services

Describe the array of services provided or arranged within the local service delivery system. For each service category, indicate whether the service is currently available, the provider type and any known gaps or planned expansions.

Service Category	Currently Available	Provided By (LMHA or LBHA, Contract, or Partnership)	Geographic Coverage (County or Counties)	Identified Gaps or Expansion Plans
Outpatient Mental Health Services	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	Staffing shortages
Crisis Services (Including Mobile Crisis)	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	Lack of funding
Psychiatric Emergency Services	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	n/a
Inpatient and Residential Psychiatric Services	X☐ Yes ☐ No	Contract	Grayson, Cooke, Fannin	Lack of funding
Substance Use Disorder Treatment Services	X☐ Yes ☐ No	LMHA	Grayson	Lack of funding
Peer Support Services	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	Lack of qualified applicants
Case Management and Service Coordination	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	Lack of qualified applicants
Supported Housing and Housing Assistance	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	Lack of affordable housing
Supported Employment Services	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	
Children's Mental Health Services	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	High turnover of staff
Jail Diversion and Law Enforcement Alternatives	X☐ Yes ☐ No	LMHA	Grayson, Fannin	Lack of funding
Crisis Stabilization Services	☐ Yes X☐ No			
Day Programs and Psychosocial Rehabilitation	X☐ Yes ☐ No	LMHA	Grayson, Cooke, Fannin	Staff Shortages
Telehealth and Telepsychiatry Services	X☐ Yes ☐ No	LMHA	Grayson, Cooke Fannin	
Other (Specify):	☐ Yes ☐ No			

4.2 Access to Care

Identify the current approach to timely access to care and response to improve the outcomes.

Timely Access to Care

Describe how the local system supports timely access to care.

TCC provides a coordinated continuum of 24/7 psychiatric emergency services throughout Cooke, Fannin, and Grayson Counties. Services include a 24-hour crisis hotline, Mobile Crisis Outreach Team (MCOT), community-based crisis assessment and intervention, crisis follow-up, crisis respite, coordination of psychiatric hospitalization, emergency department and jail diversion, and linkage to ongoing behavioral health services. TCC collaborates with hospitals, emergency departments, law enforcement, courts, and other community partners to provide rapid intervention and connect individuals to the least restrictive clinically appropriate level of care. TCC continues to expand crisis capacity, care coordination, and community-based diversion and stabilization alternatives to reduce unnecessary hospitalization, emergency department utilization, and incarceration.

Current Average Wait Time for Intake or First Appointment:

Approach to Reduce Wait Times

Address the steps being taken to reduce wait times or improve access to care.

To ensure timely access to services in all three counties, Texoma Community Center (TCC) developed Open Access. Open Access (OA) provides same-day enrollment for mental health and substance use services starting at 8:00 am on designated days on various days in the three tri-county locations. OA streamlines enrollment so that individuals can start mental health services as quickly as possible without waiting weeks for an appointment.

Individuals are seen on a same-day basis in the order that they complete and turn in their completed enrollment packets with all of the required supporting documentation. Individuals can complete the paperwork ahead of time by visiting TCC's enrollment page and printing a packet, or getting a physical packet at any office location. Open access days vary depending on the location: Grayson every Tuesday and Wednesday starting at 8:00 am. Cooke every Monday starting at 8:00 am, and Fannin every Thursday starting at 8:00 am. You do not have to reside in the county where you present for enrollment. If Thursdays are best for OA and you come to the Bonham location for OA, you can still receive future services in the Sherman office. Appointments are scheduled on a case by case basis but are typically reserved for individuals in crisis, recent hospital discharges, or former clients who are re-enrolling.

After-Hours Access to Services

Identify the methods available for individuals to access services after business hours.

The LMHA uses Avail Solutions, Inc. The Crisis Line is available 24-hours a day, 7-days a week. Our MCOT is available and staffed with QMHPs and LPHAs 24-hours a day, 7-days a week.

Telehealth and Technology-Based Access Strategies

Summarize how technology is utilized to provide access to services.

TCC utilizes telehealth services as clinically appropriate and requested by individuals served. Partnerships with community organizations, including local libraries, support HIPAA-compliant telehealth access points in rural communities. For example, the Pottsboro library provides a telehealth room that allows individuals in rural Grayson County to attend virtual appointments with TCC staff. TCC has also partnered with community organizations to assist eligible individuals with access to free internet services where available. TCC regularly accommodates specialized processes with community partners to increase access to services, such as United Way, Grand Central Station, and Open Arms Shelter, Community Well TX and various others. TCC also accommodates going on location to community partner locations to provide intake appointments, clinical services, and care coordination outside of general processes to improve wait times or overcome accessibility barriers.

TCC additionally utilizes the Emergency Department Encounter Notification (EDEN) system, a Texas Health Services Authority (THSA) and Texas Health and Human Services-supported health information exchange platform, to improve continuity of care and coordination with emergency departments across the region. EDEN provides real-time notifications related to hospital admissions, discharges, transfers, and emergency department utilization, allowing TCC staff to conduct timely outreach, coordinate follow-up services, support discharge planning, reduce gaps in care, and improve transitions between behavioral health and medical settings.

4.3 Resource Utilization

Provide information on additional resources that are utilized and how they impact service delivery.

Federal, State and Local Resources

Describe how federal, state and local resources are identified and leveraged for cost-effective service delivery.

TCC identifies federal, state, and local resources through ongoing monitoring of HHSC initiatives and contracts, federal and state grant opportunities, Medicaid and other reimbursement, local governmental funding, philanthropic resources, and identified community needs. Funding sources are strategically braided to maximize available resources, avoid duplication, and address services or populations for which reimbursement is limited or unavailable. TCC further leverages partnerships with healthcare providers, hospitals, law enforcement, courts, schools, local governments, nonprofits, and community organizations to coordinate services and strengthen referral pathways. Contract oversight, performance monitoring, appropriate third-party billing, and ongoing assessment of service utilization help ensure resources are directed toward effective, medically appropriate, and cost-efficient community-based services.

Local Match or Braided Funding

Identify local match, braided funding or other strategies that are currently implemented in the funding sources for service delivery.

TCC has matching strategies built into the following agreements: LIDDA; LMHA; CMHG; MHGJII; YES Provider; SUD TRA; SUD TRF: SUD TRY: MHPV.

Section 5: CLSP Goals and Strategies

For each of the following required CLSP goals, describe the local strategies, activities and measurable objectives the LMHA or LBHA will implement during the plan period.

GOAL 1: Protect the Mental Health Safety Net

Local Strategies and Activities: TCC will maintain access to essential mental health and crisis services throughout Cooke, Fannin, and Grayson Counties and will monitor the effectiveness of the mental health safety net through established access, utilization, quality, workforce, and outcome measures.

Measurable Objective(s): TCC will show improvement in adult mental health more than 32.5% of the time. TCC will show improvement in children's mental health more than 42.8% of the time.

Key Partners Involved: Case Managers, Counselors, Peers, Prescribers and Nurses, and other members of the client's treatment team.

GOAL 2: Assure Accountability, Cost-Effectiveness and Relative Value of Service Delivery

Local Strategies and Activities: TCC holds quarterly Utilization Management (UM) Committee meetings and other leadership and quality oversight activities where service utilization trends, access to care, hospitalization data, prescribing practices, continuity of care processes, quality measures, and operational concerns are reviewed.

Measurable Objective(s): TCC will monitor General Revenue targets of serving 100% of eligible clients within the $203,746 monthly allocation. TCC will monitor staff productivity to ensure staff are meeting their face-to-face targets 80% of the time (75 hours per month for LOC1; 100 hours per month for LOC 3 and ACT; 65 hours per month for Child & Adolescent and ancillary services; and 35 hours per month for YES Waiver clients)

Key Partners Involved: Case Managers and other treatment team members.

GOAL 3: Provide Law Enforcement with Accessible Alternatives to Incarceration

Local Strategies and Activities:
TCC maintains established procedures and workflows to support coordination with courts, jails, law enforcement agencies, and other criminal justice partners to ensure continuity of care, timely access to services, and compliance with state requirements.

Measurable Objective(s): TCC will monitor Adult Criminal Justice Outcomes and Juvenile Justice Outcomes, striving to meet 35%. TCC will monitor Adult Jail Diversion to ensure incarcerations are less than 10.46%

Key Partners Involved (Include Specific Law Enforcement Agencies): Case Managers, local mental health and drug courts, veteran's courts, Forensics program staff, Substance Use Disorder staff, local psychiatric inpatient hospitals.

Description of Existing or Planned Diversion Programs (Such as Crisis Intervention Teams, Co-Responder Programs or Deflection Programs):
TCC facilitates jail diversion meetings and interdisciplinary team (IDT) meetings involving representatives from the courts, District Attorney's offices, law enforcement agencies, jail staff, hospital systems, probation departments, adult/child protective services, etc. These meetings involve collaborative case review, identification of high-risk individuals, coordination of services, diversion planning, and system-wide problem solving related to behavioral health and criminal justice involvement.

Additionally, TCC's Co-Responder Team (CRT) program partners closely with local law enforcement agencies to respond to behavioral health crises in the community. CRT staff coordinate with courts and criminal justice partners to divert appropriate individuals away from incarceration and into behavioral health treatment and community-based services whenever clinically appropriate.

GOAL 4: Assure Rapid Response to Persons in Crisis and Provide Local Stabilization

Local Strategies and Activities:
Consistent with TCC policies and procedures (uploaded) related to screening, triage, and risk assessment, individuals identified as having elevated behavioral health or overdose risk during the initial evaluation process are provided with crisis response information, safety planning support, and education regarding how to access crisis services and emergency supports, as well as a referral to TCC's Substance Use Disorder Program if appropriate. Staff also provide verbal review and assistance accessing these resources when clinically indicated.

Measurable Objective(s): TCC will ensure Effective Crisis Response measures are more than 78.6%; and Inpatient face-to-face aftercare with fall within 7 days more than 21.4% of the time.

Description of Crisis Response Continuum (From Initial Contact Through Stabilization): TCC's Mobile Crisis Outreach Team (MCOT) may see someone in the community or in local ERs and determine that their least restrictive environment (LRE) would be hospitalization in order to keep self or the community safe. If MCOT recommends hospitalization the individual may be admitted to BHC, Carrus, Perimeter, or other local inpatient Behavioral Health hospitals.

If the individual's recommendation for LRE is hospitalization but they are not funded, TCC has a limited amount of annual funding to be able to assist using private purchase beds (PPB). The initial determination to use PPB funds is made during the LRE recommendations. Additional beds are approved during reassessments which we refer to as PPB Reauthorizations.

Key Partners Involved: MCOT staff, Crisis LPHAs, Case Managers and other members of the client's treatment team.

GOAL 5: Provide Continuity of Care Services

Local Strategies and Activities: TCC coordinates care across the full spectrum of behavioral health, physical health, substance use, social service, educational, housing, employment, and criminal justice systems to support whole-person wellness and recovery. Care coordination and case management services are designed to ensure individuals receiving services have access to medically necessary behavioral health treatment, primary and specialty healthcare services, recovery supports, housing resources, educational supports, employment opportunities, crisis services, and community-based resources appropriate to their individual needs.

Measurable Objective(s): TCC will see clients being discharged from inpatient care face-to-face within 7 days more than 57.5% of the time.

Description of Warm Handoff and Transition Processes Between Providers and Settings:
TCC staff also provide hands-on support to assist adults and youth with their guardians in successfully accessing referred services. Depending on individual needs and staff capacity, this may include directly assisting with transportation or accompanying individuals to community resource locations such as Grand Central Station, food pantries, the Social Security Administration office, housing resources, medical appointments, and other community-based service providers. These practices help address barriers related to transportation, system navigation, and engagement, while improving the likelihood that individuals successfully connect with recommended supports and services.

Key Partners Involved: Continuity of Care staff, Case Managers, Prescribers and Nurses, and other members of the client's treatment team.

GOAL 6: Reduce the Utilization of Emergency Health Care Resources

Local Strategies and Activities: Texoma Community Center (TCC) integrates crisis prevention and crisis planning into routine service delivery to support continuity of care and reduce the likelihood of future behavioral health crises. Consistent with established procedures, staff work collaboratively with individuals receiving services during intake, ongoing treatment, and following psychiatric emergencies or crisis events to develop and maintain individualized crisis safety planning interventions. Crisis planning includes identification of triggers, warning signs, coping strategies, natural supports, preferred interventions, and steps for accessing emergency or crisis services when needed. Safety plans are also embedded into the recovery plan document in the EHR.
Following a psychiatric crisis, hospitalization, emergency department encounter, or mobile crisis response, TCC staff review and update crisis plans with the individual as part of follow-up and care coordination activities to address emerging needs and support recovery-oriented stabilization. Crisis planning processes are designed to promote individual engagement, strengthen self-management skills, improve coordination across providers and supports, and reduce avoidable future crisis utilization. Operational practices across crisis services, outpatient services, and care coordination are aligned with TCC policies and procedures regarding crisis prevention, safety planning, and follow-up care.

Measurable Objective(s): TCC will monitor Hospital readmissions with 30-days of discharge to ensure recidivism will be less than 11.3%

Description of Coordination with Emergency Departments and Hospital Systems: TCC uses Avail Crisis as our 24-hour crisis line. ED and hospital staff use the crisis line to report patients who may need mental health screenings, and an MCOT team member will be dispatched to see and assess the patient. When seeing clients in crisis in their homes or communities, MCOT will send clients to the ED for medical clearance if it is determined the client requires inpatient treatment.

Key Partners Involved: Continuity of Care staff, Case Managers, Prescribers and Nurses, and other members of the client's treatment team, ED staff, Crisis Line

GOAL 7: Decrease Unnecessary Use of State Hospital Beds

Local Strategies and Activities: TCC integrates a crisis plan into each individual's recovery plan to support proactive crisis prevention, intervention, and continuity of care. Crisis plans include individualized information regarding warning signs, coping strategies, supports, emergency contacts, and other clinically relevant crisis response information identified collaboratively with the individual receiving services. Recovery plans, including crisis plans, are reviewed and updated at least every six months and are additionally updated during or following crisis intervention encounters when clinically indicated or when changes in needs, risks, or preferences are identified.

Measurable Objective(s): TCC will monitor state hospital admissions and will ensure overall hospitalization rates are below 1.9%. TCC will further ensure that access to crisis response services is achieved more than 69.9% of the time.

Description of Local Capacity to Divert and Stabilize Individuals Before State Hospital Admission: Case managers work alongside designated mental health probation and parole officers, using an intensive team approach. TCC reports a 40% reduction in recidivism after one year of TCOOMMI services.

Description of Transition and Discharge Planning Processes for State Hospital Returns: Upon learning about the individual's discharge date, BHC must notify the care coordination team ASAP by using the Continuity of Care Referral. This document must be completed in its entirety and submitted to aftercare@texomacc.org. We have multiple individuals on the COC team managing this email and checking it daily. The only instance when it may take some time to receive a response would be if the Care Coordinator is at another local hospital making contacts and is unavailable to check email at that time

Key Partners Involved: MCOT staff, Crisis LPHAs

GOAL 8: Ensure Children with Serious Emotional Disturbance Remain with Their Parent or Guardian as Appropriate to Their Care

Local Strategies and Activities:

Measurable Objective(s): TCC will ensure YES Waiver Contract inquiry list goals are met: more than 80% Inquiry List Submission, more than 90% Clinical Eligibility Assessments completed within contract timeframe; and 100% of inquiry list calls are returned.

Description of Family Preservation and In-Home Services Available Locally:

TCC's main way of keeping families together is the Youth Empowerment Services (YES) Waiver. It is a Medicaid program that funds intensive community-based services so children and adolescents with serious emotional disturbance can live at home with their families. Services include: respite care, family supports, community living supports, paraprofessional services, specialized therapies, and transition services.

Key Partners Involved (Include Child-Serving Systems): YES Waiver staff, peers, specialized therapists (music & equine), respite caregivers (when available), and DFPS.

Section 6: Local Coordination and Partnerships

6.1 Coordination with Local Partners

For the table below, describe how the LMHA or LBHA coordinates with key local partners to support integrated, community-based care.

Partner Type	Partner Organization Name(s)	Nature of Coordination or Agreement Type (MOU, Contract or Informal)	Frequency of Coordination
Law Enforcement Agencies	City of Bonham PD City of Ector PD City of Honey Grove PD City of Leonard PD City of Denison PD Grayson County Sherriff Dept	All Co-Responder (MCOT/CRISIS) ILAs (MOU)	Daily

Partner Type	Partner Organization Name(s)	Nature of Coordination or Agreement Type (MOU, Contract or Informal)	Frequency of Coordination
County Jails and Detention Centers	Grayson County Jail Cooke County Jail Fannin County Jail	MOUs or Contracts	As Needed
Juvenile Justice and Probation	Grayson County – Dept of Juvenile Services Grayson County – CSCD Cooke County Juvenile Probation Services Fannin County Juvenile Services	MOUs	As Needed
Courts (Including Mental Health Courts and Drug Courts)	N/A	N/A	N/A
Emergency Departments and Hospitals	Gainesville Community Hospital dba North Texas Medical Center TMC Behavioral Health Center Red River Hospital Carrus Health Hospital Perimeter Health Care	MOUs and Contracts	As needed
Local Health Departments	Grayson County Health Department	MOU	As needed
Federally Qualified Health Centers	There are no immediate (within 20 miles of our 3 main offices) in each county (Cooke 76240, Grayson 75090, or Fannin 754180.		
Housing Providers and Public Housing Authorities	Texoma Housing Partners	MOU	As needed

Partner Type	Partner Organization Name(s)	Nature of Coordination or Agreement Type (MOU, Contract or Informal)	Frequency of Coordination
Homeless Service Providers	Grayson County Crisis Center Abigails Arms Crisis Center Four Rivers Outreach Grand Central Station Open Arms Shelter The Salvation Army	MOU	As needed
DFPS Child Protective Services	Our Community Our Kids	Current MOU - Formal Contract (in process)	As needed
School Districts and Education Agencies	Grayson College Bells ISD Callisburg ISD Denison ISD Dodd City ISD Ector ISD Era ISD Gainesville ISD Gunter ISD Howe ISD Leonard ISD Lindsay ISD Muenster ISD S&S Consolidated ISD Sam Rayburn ISD Savoy ISD Sherman ISD Tioga ISD Austin College Tom Bean ISD Trenton ISD Valley View ISD Walnut Bend ISD Whitewright ISD	MOU	As needed

Partner Type	Partner Organization Name(s)	Nature of Coordination or Agreement Type (MOU, Contract or Informal)	Frequency of Coordination
Substance Use Disorder Programs	The Haven Axcel Treatment Center & Recovery Center Nexus Recovery Center Lakes Regional Community Center Tarrant County MHMR Denton County MHMR Homeward Bound Four Rivers Outreach Community Medical Services Cenikor Olive Branch Recovery	MOUs; (Olive Branch – Contract)	As needed
Veterans Services	Fannin County Veteran Services Grayson County Veteran Services Veterans State Home (Clyde W. Cosper – Texas State Home) Viet Nam Veterans of America The Veterans Commission	MOUs (The Veteran's Commission – Contract)	As Needed

Partner Type	Partner Organization Name(s)	Nature of Coordination or Agreement Type (MOU, Contract or Informal)	Frequency of Coordination
Other (Specify):	Community Medical Services Boys and Girls Club of Cooke County Center for Family Medicine Child and Family Guidance Center Child Welfare Board Choctaw Nation of Oklahoma Texas Native Health Dallas Fort-Worth Hospital Council Education United Way of Grayson County Goodwill – Artworks Goodwill Industries of North Texas Texoma Community Foundation North Texas Connect Center City of Sherman City of Denison Callie Clinic Workforce Solutions Texoma Metrocare Services	MOUs; Contracts; Grants	As needed

6.2 Formal Agreements

Identify all formal agreements coordinated with community partners.

Number of Active MOUs or Formal Coordination Agreements	Are MOUs Reviewed and Updated Regularly? X☐ Yes ☐ No
89	

Gaps in Formal Coordination

Describe any gaps in formal coordination the LMHA or LBHA is working to address.

N/A

Section 7: Quality Improvement and Performance Monitoring

7.1 Performance Monitoring

Provide information on how CLSP goals and objectives are monitored, refined and reviewed.

Monitoring CLSP Progress

Describe how the LMHA or LBHA will monitor progress toward CLSP goals.

TCC monitor's performance measures through internal numbers, MBOW, and other reporting systems to gauge progress toward meeting state-prescribed as well as internal goals. Reports are analyzed at monthly action-team meetings. When TCC falls short on a measure or goal, there is discussion to determine where the shortfalls are occurring. The team then brainstorms ways to overcome the shortfall whether that is by re-training staff, or correcting billing codes.

Key Performance Indicators

List key performance indicators (KPIs) or metrics used locally to monitor the goals of the CLSP.

- **Goal 1, Mental Health Safety Net:** Improvement in adult mental health more than 32.5% of the time. Improvement in children's mental health more than 42.8% of the time.
- **Goal 2, Accountability and Cost-Effectiveness:**
    - Serve 100% of eligible clients within the $203,746 monthly General Revenue allocation.

    - Staff meet face-to-face productivity targets 80% of the time. The monthly hour targets are 75 for LOC1, 100 for LOC 3 and ACT, 65 for Child & Adolescent and ancillary services, and 35 for YES Waiver.
- **Goal 3, Alternatives to Incarceration:** Adult Criminal Justice Outcomes and Juvenile Justice Outcomes at 35%. Adult Jail Diversion incarcerations below 10.46%.
- **Goal 4, Rapid Crisis Response:** Effective Crisis Response above 78.6%. Inpatient face-to-face aftercare within 7 days above 21.4% of the time.
- **Goal 5, Continuity of Care:** Face-to-face contact within 7 days of inpatient discharge above 57.5% of the time.
- **Goal 6, Emergency Health Care Utilization:** Hospital readmissions within 30 days of discharge below 11.3%.
- **Goal 7, State Hospital Beds:** Overall state hospitalization rate below 1.9%. Access to crisis response services above 69.9% of the time. TCC also reports a 40% reduction in recidivism after one year of TCOOMMI services.
- **Goal 8, Children with SED:** YES Waiver inquiry list goals of more than 80% inquiry list submission, more than 90% clinical eligibility assessments completed within the contract timeframe, and 100% of inquiry list calls returned.

Identify how often the CLSP is reviewed and key internal contributors to reviews.

Frequency of Internal CLSP Progress Review:	**Who Is Responsible for CLSP Monitoring Internally?**
☐X **Monthly** ☐ **Quarterly** ☐ **Semi-Annually** ☐ **Annually**	Lori Marshall, Director of Quality Management

7.2 Quality Improvement Activities

Provide information on how quality improvement and feedback from individuals are included in the CLSP.

Quality Improvement Activities

Describe planned quality improvement activities related to CLSP goals.

Monthly action-team meetings to go over goals, objectives and progress towards meeting all goals.

Client and Family Feedback

Describe how client and family feedback is incorporated into service improvement.

We regularly solicit feedback to determine where we are not meeting client needs and expectations. That feedback is shared with program management, the PNAC committee, and the Board of Trustees to brainstorm ways to meet and exceed expectations.

Section 8: Additional Information

8.1 Priorities and Emerging Issues

Identify additional local priorities, emerging issues and other information relevant to service planning.

Other Local Priorities

List any local priorities not addressed elsewhere in this plan.

N/A

Emerging Trends and Anticipated Issues

List emerging trends or anticipated issues during the plan period.

Emerging Trends:

Anticipated issues: staff shortages, need for more funding.

Additional Comments

Provide any additional comments or information.

N/A

Appendix A: Stakeholder Participation Log

Complete one row per participant for each stakeholder meeting or engagement event held during the CLSP development process. Attach additional pages as needed.

Meeting Date	Meeting Type and Purpose	Stakeholder Name	Organization	Role and Category	Signature *(optional)*
11/4/2026	Hybrid	Committee	PNAC	advisory	
11/23/2026	Hybrid	Committee	PNAC	Advisory	No quorum

Appendix B: Acronym Glossary

Acronym	Definition
CLSP	Consolidated Local Service Plan
DFPS	Department of Family and Protective Services
FQHC	Federally Qualified Health Center
HHSC	Texas Health and Human Services Commission
IDD	Intellectual and Developmental Disabilities
KPI	Key Performance Indicator
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MOU	Memorandum of Understanding
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SUD	Substance Use Disorder

Consolidated Local Service Plan
Texas Health and Human Services Commission (HHSC)

This form is for use by LMHAs and LBHAs. All fields must be completed in full. Attach additional pages as needed and label them with the corresponding section

TCC will monitor average time to initial evaluation and initial clinical service; crisis response time; MCOT and co-responder utilization and disposition; 7- and 30-day follow-up after psychiatric hospitalization; follow-up after emergency department visits for mental illness and substance use conditions; suicide-risk assessment; social drivers of health screening and follow-up; workforce vacancies and capacity; inpatient psychiatric utilization; and service demand. Performance will be reviewed at least quarterly to identify emerging gaps, geographic disparities, and capacity limitations and to implement quality-improvement strategies when needed.

number.